

## APPLICATION DATA SHEET

### Application Information

Application Number::	N/A
Filing Date::	July 9, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	No
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	METHODS AND COMPOSITIONS FOR OXYGEN TRANSPORT COMPRISING MODIFIED HEMOGLOBIN IN PLASMA
Attorney Docket Number::	034107-046
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	N/A
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: M.  
Family Name:: WINSLOW  
Name Suffix::  
City of Residence:: La Jolla  
State or Province of Residence:: California  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 1210 Inspiration Drive  
City of Mailing Address:: La Jolla  
State or Province of Mailing Address:: California  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 92101

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Kim  
Middle Name:: D.  
Family Name:: VANDEGRIFF  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: California  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 100 Harbor Drive, #1106  
City of Mailing Address:: San Diego  
State or Province of Mailing Address:: California  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 92101

### **Correspondence Information**

Correspondence Customer Number:: 41790

Phone Number:: (619) 446-5600

Fax Number: (619) 446-5620

### **Representative Information**

Representative Customer Number:: 41790

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
	Provisional	60/347,739	11 January 2002

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
PCT	PCT/US03/00695	10 January 2003	Yes

### **Assignee Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::